

Article

Healthy Setting Approach: Origin, Evolution, and Development; Challenges and Opportunities in the University Setting

Pathare, Abhinav Vitthalrao

Available at <http://clock.uclan.ac.uk/39919/>

Pathare, Abhinav Vitthalrao (2021) Healthy Setting Approach: Origin, Evolution, and Development; Challenges and Opportunities in the University Setting. International Journal of Medical Science and Current Research (IJMSCR), 4 (5). pp. 1069-1080. ISSN 2209-2870

It is advisable to refer to the publisher's version if you intend to cite from the work.

For more information about UCLan's research in this area go to <http://www.uclan.ac.uk/researchgroups/> and search for <name of research Group>.

For information about Research generally at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the [policies](#) page.

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/355712291>

Healthy Setting Approach: Origin, Evolution, and Development; Challenges and Opportunities in the University Setting.

Article · October 2021

CITATIONS

0

READS

18

1 author:



[Abhinav Vitthalrao Pathare](#)

2 PUBLICATIONS 0 CITATIONS

SEE PROFILE



Healthy Setting Approach: Origin, Evolution, and Development; Challenges and Opportunities in the University Setting

Abhinav Vitthalrao Pathare

MS Applied Public Health, University of Central Lancashire (UCLan), England

***Corresponding Author:**

Abhinav Vitthalrao Pathare

MS Applied Public Health, University of Central Lancashire (UCLan), England.

Address: "Vithai-34", Arjun Nagar, Amravati City, Pin: 444603, Maharashtra, India, +91 9422835840

Type of Publication: A Review Article

Conflicts of Interest: Nil

Abstract

Presently, the Healthy Setting Approach for health promotion has become increasingly popular, and educational settings—universities and schools—are recognized as potential settings for applying this approach. The concept of health-promoting university, as a result, has become a global moment. However, the concept of a health-promoting universities—unlike health-promoting schools—has achieved a relatively slower and lesser adoption rate globally, as universities are significantly complex organizational structures with diverse goals. Therefore, critical exploration of opportunities and challenges for the Healthy Setting Approach's application in the university setting is profoundly required. Additionally, to carry the above-mentioned exploration, a critical examination of the Healthy Setting Approach's policy-related and theoretical aspects would be beneficial. This review article, therefore, has a two-fold objective. First, it critically discusses Healthy Setting Approach's policy-related and theoretical evolution. Second, it critically explores opportunities and challenges while applying the Healthy Setting Approach to the complex university setting. This article found that although the Healthy Setting Approach's policy-related progress has been remarkable, its theoretical and practice-focused model development is relatively sparse and significantly challenging. Furthermore, this article found several opportunities such as—but not limited to—mutual benefit, campus greening, student union, the UK's Healthy Universities Network, and challenges, such as—but not limited to—evaluation process, capitalism and senior decision makers' lack of understanding towards this holistic approach. Therefore, this article provides a deeper understanding of the Healthy Setting Approach's all-inclusive development and serves as a catalyst to effectively implement this approach in the complex university setting.

Keywords: healthy settings; whole systems; health-promoting universities; health promotion; healthy and sustainable settings; salutogenesis; ecological; systems; opportunities; challenges.

INTRODUCTION

The past decades have consistently witnessed the importance of shifting the focus just from treating diseases to promoting health in everyday settings; therefore, in the contemporary years, a substantial interest in the Healthy Setting Approach and its application—in diverse settings like schools, prisons, universities, and hospitals—has been observed. As Dooris, Powell, and Farrier (2020) explained, universities are rec-

ognized as considerably potential settings to promote health, and the concept of the health-promoting university has indeed become a global moment. However, unlike the Health Promoting School, the concept of Health Promoting Universities has shown a slow adoption rate, and the reason behind this slow rate might be the universities' diverse goals and the substantially complex organizational structure (Newton,

Dooris, & Wills, 2016). Therefore, this implies that to help put health at the heart of the universities, it is vital to critically explore the opportunities and challenges to implement the Healthy Setting Approach in the university setting. Additionally, to explore these opportunities and challenges, it is essential to critically examine the policy-related and theoretical aspects of the Healthy Setting Approach. Therefore, this article has a dual objective: to critically discuss the policy-related and theoretical evolution of the Healthy Setting Approach; to reflect critically on the opportunities and hurdles that can occur while Healthy Setting Approach's implementation to the universities.

POLICY-RELATED EVOLUTION OF HEALTHY SETTING APPROACH: A CRITICAL REFLECTION

In order to comprehend the genesis, progression, and motive of the Healthy Setting Approach, firstly, this article will discuss its policy-related evolution. Secondly, it will provide a critical reflection on the setting-based approach's theoretical development. In the twentieth century's latter half, as the concept of Health Promotion started getting recognised as an important and more all-inclusive idea, the concept of the Healthy Setting Approach originated. The Ottawa Charter for Health Promotion (OCHP), as mentioned in World Health Organisation (WHO, 1986), was introduced under the WHO's leadership in 1986 in the First International Conference for Health Promotion. OCHP formulated a tripod for strategy—enable, advocate and mediate—and broad areas of action: developing healthful policies for the public; forming a supportive environment; strengthening community actions; enabling people to develop personal skill; reorienting health services; looking into the future (WHO, 1986). One of the remarkable characteristics of OCHP, as the above-mentioned strategies and areas of interest suggest, is that it took broader determinants of health into account. As explicated by WHO (1948), merely the nonexistence of disease does not fulfil the definition of health; therefore, a variety of other determinants—mental, physical, and social wellbeing should be considered. Moreover, although the determinants considered by WHO (1948) are undoubtedly important, Dahlgren and Whitehead (1991)—as stated in Health Promotion Strategic Framework (HPSF, 2011)—went beyond the conventional health determinants and presented more com-

prehensive factors. According to HPSF (2011), these factors are—but not limited to—biodiversity, change in climate, environmental situations & conditions, socioeconomic/political contexts, cultural circumstances, and public and social policies. Overall, the collective interpretation of Dahlgren and Whitehead (1991), HPSF (2011), and WHO (1948) suggest that the OCHP's decision—back then in 1986—to focus on a variety of action areas beyond health care divisions was sound, and it gave rise to the "Holistic" perspective towards health promotion.

OCHP presented a novel lens to the policymakers and health promoters of looking towards health as a means of life rather than a goal of life, which eventually led to the genesis of the setting-based approach. 'Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love' (WHO 1986, para. 14). This statement implies that health is life's inherent element that people experience on a regular basis in the settings where they learn—for example, schools, colleges, and universities—work—for example, offices—play—for example, in playgrounds—and love, for example, in communities and societies. This comprehensive concept, as acknowledged by several researchers, inaugurated the Healthy Setting Approach. As explicated by Kickbusch (2003), for example, OCHP—because of its all-inclusive nature—is a root of a Healthy Setting Approach, and it has been an entry point for many significant WHO-led health promotion initiatives. Altogether, this data suggests that the Healthy Setting Approach almost certainly originated from the Ottawa Charter of Health Promotion launched in 1986. However, one of the noticeable weaknesses of the setting-based approach is that the population—socioeconomically deprived children (not admitted to schools), homeless people, and poor societies—that may not fall under any setting is less likely to be benefited. Nevertheless, this limitation does not disregard the broader significance of the Healthy Setting Approach in health promotion.

Although the Healthy Setting Approach's roots lie in the OCHP, it is important to mention that the OCHP has its roots in the "Health for All" strategy designed in 1977. As illustrated in WHO (1977), the world Health Assembly decided that the WHO's and Government's primary focus would be to make people's socioeconomic life productive till the year 2000. In-

terestingly, in 1987—as stated in WHO (1987)—based on the combined principles of both OCHP and the "Health for All" strategy, a first powerful Healthy Setting Approach-based health promotion project, i.e., Healthy Cities Project (HCP), was undertaken. Although the HCP at its beginning involved few European cities, it eventually—as explicated by WHO (1987)—captured more than 400 European as well as non-European cities; therefore, it played a substantial role in localizing the WHO (1977)'s "Health for all Strategy." Therefore, this massive success undoubtedly depicts a conspicuous development of the Healthy Setting Approach. Furthermore, the release of the Sundsvall Statement at the third International Health Promotion Conference in Sweden was another turning stone in the policy-perspective progression of the Healthy Setting Approach (WHO, 1991). Creating a supportive environment was a prime focus of Sundsvall Statement (WHO, 1991). Most importantly, Sundsvall Statement's strong emphasis on women skill development was the most remarkable contribution to Healthy Setting Approach's development.

Almost six years later to the release of the Sundsvall Statement, the fourth International Health Promotion Conference—held in Indonesia—released a new declaration, i.e., Jakarta Declaration (WHO, 1997). As documented by WHO (1997), one hundred countries attended this conference and discussed new health-promoting strategies and policies to address the health challenges of the 21st century. Most importantly, the Jakarta Declaration is distinguished from the other declarations because it is the first declaration to involve private sectors in health promotion. This data signifies that the Jakarta Declaration depicts the rising global response to the Healthy Setting Approach and contributes to its growth by recognizing the importance of building relations between various sectors.

Following the Jakarta Declaration, many succeeding conferences began taking place, contributing substantially to the Healthy Setting Approach's evolution and development. This article, onwards, will briefly highlight a few of them. For example, the sixth International Health Promotion Conference published a Bangkok Charter (WHO, 2005), encouraging partnerships within global stakeholders to develop health equity and health promotion worldwide. Furthermore, McQueen (2007) highlighted the potential role of the

Setting-Based Approach in tackling the critical issue of urbanization's harm to the environment. Additionally, the Nairobi Declaration—Issued by the seventh International Health Promotion Conference WHO (2009)—dealt with environmental damage in greater detail. Due to the exceptional feature of the Nairobi Declaration of considering diverse issues—climate change, global warming, and inequity—under the agenda of health promotion, the boundaries of the Healthy Setting Approach extended substantially.

While OCHP played a pioneering role in originating the Healthy Setting Approach and succeeding conferences had significantly improved it, the relationship between health promotion and sustainable development had not been discussed in more important details by these conferences. Eventually, this void was filled by the "Shanghai Declaration" (WHO, 2016). In order to achieve better health and wellbeing, Shanghai Declaration explicated the importance of promoting health through all the United Nation (UN, 2015)'s sustainable goals. The UN (2015) has set a total of seventeen Sustainable Development Goals, among which 'Good Health and Well-being' is goal number three; however, the Shanghai Declaration's policy—that focused on promoting health throughout all the UN (2015)' Sustainable Development Goals—added a remarkable comprehensiveness in the Healthy Setting Approach's policy perspective development. The importance of investing in a Healthy Setting Approach has substantially been fostered by the policies and broader health determinants so far discussed in the article. Meanwhile, also a range of other authors—such as Grossman and Scala (1993), The Kings Fund (2019), and Tremblay and Richard (2011)—have added a substantial volume to the Setting-Based Approach's importance. These authors did so by explicating the importance and advantages of contextualization and Trans disciplinary approaches to health promotion. This article, now, will critically reflect on and discuss the Healthy Setting Approach's theoretical development.

THE THEORETICAL DEVELOPMENT OF THE HEALTHY SETTING APPROACH: A CRITICAL REFLECTION

Following the Ottawa Charter for Health Promotion (OCHP)'s release, several approaches have emerged, amongst which, "Salutogenic Approach" is one of the most popular ones. A "Salutogenic Approach" for

health promotion, as explained by Antonovsky (1996), intends to create health rather than just preventing diseases. Later on, the significance of the "Salutogenic Approach" in meeting the OCHP's objectives has been extensively explained by Erikson and Lindstrom (2008). The salutogenic approach would be pivotal in the Healthy Setting Approach, as it moves beyond the limited perspective of the sole reliance on therapeutic interventions and focuses on health awareness and perception, life quality's improvement, and wellness, explained Erikson & Lindstrom (2008). These attributes of the Salutogenic Approach suggest that this approach carries a robust ability to contribute to the Healthy Setting-based model. One of the limitations of the Salutogenic Approach, however, is that it is not always possible to shift the focus—from pathogenesis towards salutogenesis—in every setting. Furthermore, to help solve 21st century Public Health issues, Lang and Rayner (2012) have advocated an approach called as Ecological Approach. Lang and Rayner (2012), while discussing the Ecological Model, emphasised the significance of putting various factors—biological, physical, material, and cultural—under one shelter and encouraged to promote health by taking care of them collectively. Although these all-inclusive features of the Ecological Model—of connecting distinct aspects—suggest its potential helpfulness in implementing the Healthy Setting-based model, a range of complexities—as explained by Dooris (2009)—might occur during the practical application of the Ecological Model. In order to achieve these complexities' detailed comprehension, Dooris (2009)'s work could be instrumental, which this article will discuss onwards.

The complexities involved during the Ecological Approach's implementation to any organization—due to the system's unpredictable and continually fluctuating nature—have been demonstrated by Dooris (2009). Practically applying an Ecological Model to any or-

ganization is not merely about providing input and receiving an expected output because throughputs—which are highly unpredictable—play a highly influencing role. Two aspects of the system—"unpredictability & complexity" and "system's openness"—have been predicted by Dooris (2009), where the system's openness stands for the system's range of interconnections within several distinct settings and the more widespread environment. Moreover, two underpinning values—first, alignment between the organization's core business and Public Health's agenda; second, whole system development and change—have been recognized by Dooris (2009), which in other words, suggest making health a fundamental element by taking a collective account of the organization's values, goals, norms and interconnections. Interconnectivity of the system has been keenly explored by the University of Central Lancashire (UCLan)'s Director of Healthy and Sustainable Settings Unit—Dr Mark Dooris—in several of his papers. For example, Dooris (2006) has presented interconnectivity in explicit details. The paradigm proposed by Dooris (2006) for explaining the relations between various individuals, elements, and issues is depicted respectively in Figures 1, 2 and 3. Therefore, these figures clearly portray Dooris (2006)'s significant contribution to the practice-based model's development, as he has explored both types—internal and external—of connections. Various conceptual frameworks, such as the Ecological Approach, Salutogenic Approach, holistic transformation, system's perspective, and alignment with the core business, have been discussed so far in this article. However, it is essential to acknowledge that a range of opportunities and challenges—which in detail will be covered later in this article—are associated with these underpinning values. Now, this article, onwards, will move on to discuss Healthy Setting Approach-related practice-focused models.

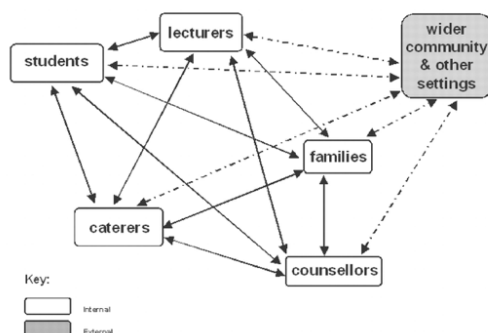


Fig. 1: Connections within different people

(Dooris, 2006)

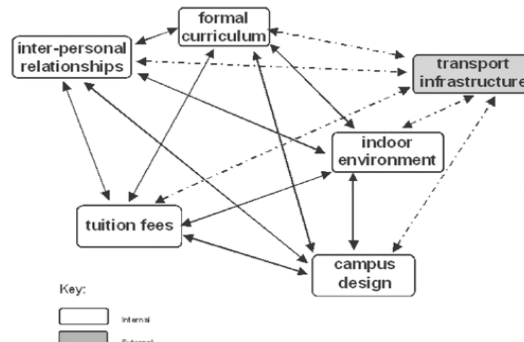


Fig. 2: Connections within different components

(Dooris, 2006)

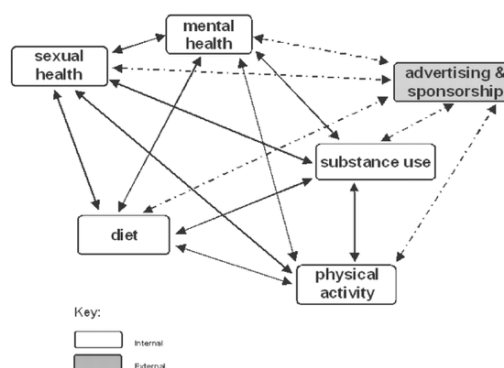


Fig. 3: Connections within different issues

(Dooris, 2006)

Figure-4 depicts the model illustrated by Dooris (2004) that focuses on the whole-system approach and highlights the following—but not limited to—three crucial points. First, it highlights the importance of establishing a balance between high visibility innovative schemes and organizational development goals. Second, it depicts the significance of creating and maintaining harmony between the health promotion plan and the organization's core business. Third, most importantly, it conveys the significance of merging a top-down approach (i.e., management plans) with a bottom-up approach (i.e., local community's empowerment and actions). However, this model carries one potential limitation, i.e., it has not focused on establishing the balance between pathogenesis and salutogenesis; this limitation further has been overcome by Dooris, Doherty and Orme (2016) by presenting an updated model with a specially added framework explicitly dedicated to combining

pathogenesis and salutogenesis. Therefore, this model, also called the Question of Balance Model, seems comprehensive, as it creates a synergy between various—social-marketing, asset-based, top-down, and bottom-up—approaches. Although Dooris, Doherty and Orme (2016)'s model has not concentrated on the practical implementation process, it is essential to acknowledge that a single model may not necessarily be able to address everything; therefore, a model presented by Doherty and Dooris (2006) is helpful to refer, as it has addressed an operational process in a well organised manner. An orderly sequence of processes—as shown in figure-6—has been presented by this model, i.e., identifying the injection spots and catalyst, ascertaining suitable governance, allocating responsibilities to the appropriate groups, drafting of action plans and setting priorities, concentrating on the performance of the actions and priorities which are planned. Furthermore, this model has involved

two steps: monitoring and evaluation; and recognition, accreditation and celebration. Although a scarce focus on how to perform monitoring and evaluation process is one of the limitations of this model, it has many robust features—three of them are—as follows. First, it offers clarity of the sequence to follow. Second, a process of monitoring and evaluation that can play a critical role in a setting-based approach is suggested by this model. Third, the circular structure, which implies repeating all the functions, depicts a

recurring process advocated by this model. However, during the practical implementation of all the theoretical models discussed above, different types of opportunities and challenges may occur with respect to different types of settings like Universities, schools, hospital, and prisons. This article now will move on to critically discuss the potential challenges and opportunities associated with the practical application of the Healthy Setting Approach-based theoretical models in the University setting.

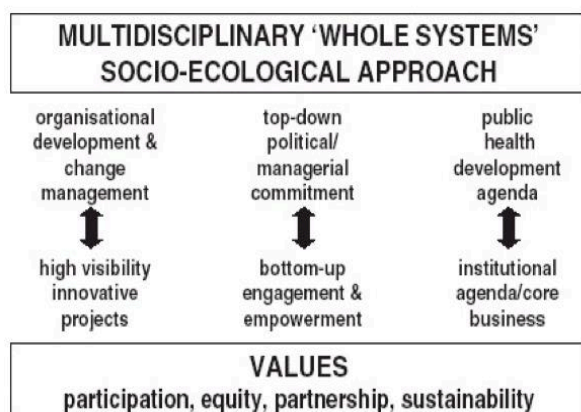


Fig. 4

(Dooris, 2004)

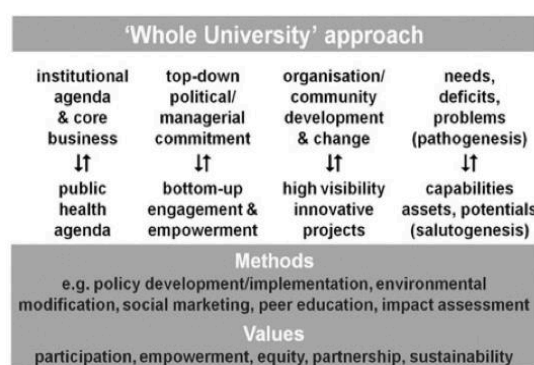


Fig. 5

(Dooris, Doherty & Orme, 2016)

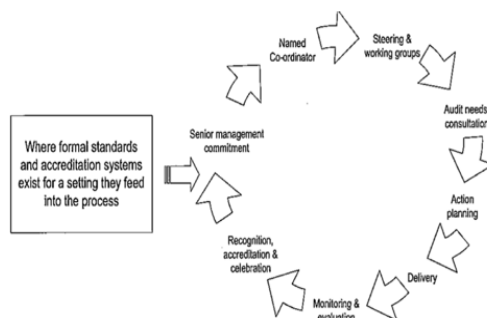


Fig. 6: The Process Model

(Doherty & Dooris, 2006)

APPLICATION OF HEALTHY SETTING APPROACH: UNIVERSITY SETTING

In order to discuss a Healthy and Sustainable Setting-based Approach's application in the university setting, Okanagan Charter (OC, 2015) is essential to be discussed. Okanagan Charter—an outcome of the In-

ternational Conference on Health Promoting Universities—has two calls for actions (OC, 2015). The first is to plant health and wellbeing in all viewpoints within the campus of the universities and colleges. The second is to empower colleges and universities to hold a responsibility to contribute to health's local and global promotion. Okanagan Charter's origins go

back to the Edmonton Charter (EC, 2006), which has dramatically supported the significance of creating various interlinkages—within multiple disciplines, sectors, departments, and institutions—to apply a Healthy and Sustainable Setting-based Approach to the universities. Therefore, the collective interpretation of Edmonton and Okanagan Charter suggests that the models, illustrated by Dooris, Doherty, and Orme—i.e., Dooris (2006); Dooris, Doherty and Orme (2016); and Doherty and Dooris (2006)—undoubtedly have a solid potential to address the implementation of a Healthy and Sustainable Setting-based Approach in the university setting. Therefore, this article will now illustrate a critical awareness of chief components—like global health agenda, Public Health and universities' interconnection, integrative approach's impact, cross-cutting approaches and themes, and sustainability—and discuss noticeable challenges and opportunities that might be encountered during the application of Healthy and Sustainable Setting-based Approach to the universities.

THE UNIVERSITY SETTING: OPPORTUNITIES

THE UK HEALTHY UNIVERSITY NETWORK

The significance of mapping and generating external connections have been highlighted by the Dooris (2006)'s model, and one of the most notable opportunities to establish these connections would be the noticeably growing UK's Healthy Universities Network, which as Dooris (2017) explained, involves more than a hundred active members with the following bifurcation: 84 UK universities, 17 universities outside the UK, and other twenty-four organisations. Moreover, the UK's Healthy Universities Network membership is free of cost, which—to enable members to share opinion, experience and contemporary research—includes two meetings per year (Dooris, 2017). Therefore, this suggests that, for the universities looking forward to adopting Dooris (2006)'s model, the UK Healthy Universities Network is an outstanding opportunity because this network can be used in Healthy and Sustainable Setting's Application by establishing connections among like-minded organizations.

STUDENT UNION

The Student Union is another significant opportunity, as according to Day and Dickinson (2018), it holds a

range of altruistic characteristics; amongst them, three are as follows. First, the Student Union is not only a powerful voice of the students, but it also works to ensure that the student's voice is getting attention. Second, the Student Union's visions are not just limited to the betterment of students but also extend to society's benefits. Third, a range of volunteering opportunities for students to contribute to society's positive transformation is offered by the Student Union. Altogether, the implications of these characteristics are enormous with respect to the figure-5, i.e., Question of Balance Model, and figure-6, i.e., the Process Model. The three significant implications are as follows. First, the Process Model suggests consultation, commitment, and leadership development as an inherent part of the process; therefore, the Student Union seems to be an excellent opportunity to help implement the Process Model. Second, the Question of Balance Model—figure-5—suggests bottom-up participation, commitment, and empowerment; therefore, taking account of the Student Union's features, it seems that it is an excellent opportunity to help implement the Question of Balance Model. Third, as the Student Union carries a great potential to provide long-lasting human resource by encouraging students for voluntary work, it offers a considerable opportunity to conduct high visibility projects; therefore, Student Union is an opportunity to help implement the Question of Balance Model. In this way, the Student Union is a robust opportunity to implement the models presented in figures 5 and 6.

UNIVERSITY'S CORE BUSINESS AND PUBLIC HEALTH AGENDA: A MUTUAL BENEFIT

Building an equilibrium between university's and Public Health's agenda has been suggested by the Question of Balance Model, and universities may serve as an opportunity for achieving this equilibrium. The universities' core agenda and business, as explained by Dooris and Doherty (2010), include—but not limited to—the range of aspects such as enhancing the students' and staffs' performance and retention rate, developing a reputation on the broader market, and concentrating on the academic accomplishments. Interestingly, as Dooris and Doherty (2010) have explored, the above-listed range of aspects seems to be enhanced in the health-promoting environment; these results are obtained from qualitative—semi-structured—interviews of national-level

stakeholder organizations' highly designated authorities such as CEOs and Senior-level Policy Makers. Therefore, the results are likely reliable. This strongly implies that, implementing a setting-based approach in universities to promote health and wellbeing can share a mutual benefit between the university's core business and Public Health's agenda. Most importantly, this mutual benefit represents a robust opportunity to convince universities—by using engaging language—to adopt the Question of Balance Model and so the Healthy and Sustainable Setting Approach.

INSTITUTIONAL ECONOMY & SUSTAINABLE DEVELOPMENT GOALS: MUTUAL BENEFIT

Another pivotal opportunity for implementing the Question of Balance Model is the shared gains within the institutional economy and Sustainable Development Goals. For example, one of the vital economic benefits for universities is reducing and optimising on-campus energy consumption. Interestingly, universities' this objective overlap with the United Nations (UN, 2015)'s Sustainable Development goals. This represents a clear mutual benefit between institutional economy and Sustainable Development Goals. Moreover, implementing 'Campus Greening' in universities certainly can yield following key outcomes. First, the university's electricity costs can be reduced, which will undoubtedly support the university's financial budget by saving supplies and funds. Second, the university will contribute to the United Nation's Sustainable Development Goal number seven, positively affecting the broader community. Third, it can substantially help resolve a range of environmental issues like carbon emission, climate change, and greenhouse gases. The above-discussed outcomes are the collective interpretation of Filho, Shiel, Paco, and Brandli (2015) and Salvia and Brandli (2019). One of the most important implications of these outcomes is that it suggests a strong possibility of policy-makers convincing universities to adopt the Healthy and Sustainable Setting Approach by developing a persuasive language.

SCOPE OF SOCIAL MARKETING CAMPAIGNS AND BOTTOM-UP PROJECTS

The Question of Balance Model suggests creating and running bottom-up projects for health promotion. Additionally, it also emphasises Social Marketing.

One of the viable opportunities for implementing the above-mentioned suggestions is creating and running bottom-up Social Market campaigns to resolve problems faced by both staff and students. For instance, the scarcity of parking space is universities' one of the most significant problems (Shang, Wenji, & Huang, 2007). Social Marketing campaigns aimed towards promoting the awareness of air pollution's hazards can help to solve this parking space issue. In order to encourage students and staff for using more optimal ways of transports—bicycles (when possible), local trains, local buses, and shared cars—rather than private modes, action plans can be developed. The University of Central Lancashire, for example, has developed a travel plan—UCLan (2013)—which served two constructive purposes: first, it has reduced the need for car parking spaces; second, it has noticeably contributed to the health, wellbeing, and sustainable goals. Therefore, these types of plans have several generous benefits such as health and wellbeing of staff and students, healthy city, and healthy environment due to less air pollution. Thus, this is a robust opportunity for applying the Healthy and Sustainable Setting Approach in the universities by applying the Question of Balance Model's foundational principles. Now, this article will critically discuss potential challenges while applying the Healthy and Sustainable Setting Approach to the University setting.

THE UNIVERSITY SETTING: CHALLENGES

DIFFICULTY IN EVALUATION

As both of the models—Question of Balance and Process—advise implementing various interventions for health promotion simultaneously, they pose a significant difficulty for the evaluation process. Evaluating the interventions, as emphasised by Smith and Ory (2014), is a critical step to assess their effectiveness and success. However, the desired conceptual frameworks required to conduct the evaluation effectively are scarce (Vanagas, Bala, and Lhachimi, 2017). This implies that universities face a severe challenge in assessing the Healthy and Sustainable Setting Approach's efficacy.

RESOURCE MANAGEMENT AND OPPORTUNITY COST

The management of resources and Opportunity Cost, collectively, is another challenge. One of the prime

concerns for the universities—as they are very complex and vast organizations—is resources' optimal utilization. Whereas, underpinning concepts and composition of both—Question of Balance and Process—models demand a substantial engagement of university's vital resources like—but not limited to—money and time. Palmer and Raftery (1999) clarified the value of recognizing Opportunity Cost, which states that assigning any capital to one task deprives the resource from being used for other problems. Therefore, this collectively implies that managing the resources—human resources, time and money—can be one of the most significant challenges faced by the universities while applying the Healthy and Sustainable Setting Approach.

CAPITALISM

Capitalism is another hurdle for implementing a Healthy and Sustainable Setting-based approach to the universities. The university setting is a complex interlinkage of several elements. Catering, for example, is one of the fundamental elements of any university. Several opportunities for promoting healthy food on campus lies in the universities setting by encouraging the university's catering partners to magnify the availability of healthy food. However, eliminating some unhealthy food items—especially sugar—is exceptionally challenging. For example, in UCLan (2018)'s health promotion plan, sustainable and healthy food promotion seems to be evident. However, many sugar-rich products are displayed in the vending machines at the social spaces, gym, and the library. Although this certainly does not question the entire efficacy of UCLan (2018) because it serves numerous altruistic benefits, it suggests that Capitalism is one of the most noticeable challenges while applying a Healthy and Sustainable Setting-based Approach to the universities.

INDIVIDUAL'S PROBLEMS, PERCEPTIONS, AND PRIORITIES

Another significant challenge in the university setting is that health—especially at the bottom level—may not necessarily be the top priority for every individual in every circumstance. In adult students—due to personal problems, deadlines' stress, academic stress, work related-stress—a dramatic increment in the prevalence of substance misuse, smoking, and drug use has been observed (Tamrat, 2018). Interestingly,

many synergies between numerous universities' policies and Drug Strategy (2017) are evident. Despite this, it is enormously challenging to address the drug issue, especially at the ground level. This, therefore, strongly implies that—due to the different perceptions and priorities of individuals—keeping health at the universities' heart is exceptionally challenging.

DECISION MAKERS' LACK OF UNDERSTANDING

Superior decision makers' lack of comprehension towards health's more widespread determinants is another significant challenge for implementing a Healthy and Sustainable Setting-based Approach to the university setting. As proposed by Dooris (2006)'s model, different people and components need to be working—or considered—together as a whole to adopt a Healthy and sustainable Setting-based Approach. However, in complex bodies like universities, establishing the synergy and interconnections between various authorities or departments is challenging. For example, Newton, Dooris, Wills (2016)—while exploring the senior officials' viewpoint towards health—have identified a couple of problems. First, senior-level authorities think of health mainly as an individual's responsibility. Second, the proper understanding of the holistic and salutogenic approach is unclear in the minds of senior decision-makers. This, altogether, implies that the higher authorities' perception—of health being an individual responsibility—may mislead them to see the Healthy and Sustainable Setting-based Approach as an individual project rather than an organizational cement. This, therefore, is a significant challenge while implementing a holistic approach in the university setting.

SALUTOGENESIS AND PATHOGENESIS: DIFFICULTY IN MAINTAINING A BALANCE

Regarding the implementation of the Question of Balance Model in the university setting, one of the challenges is maintaining the balance between salutogenesis and pathogenesises, where salutogenesis stands for assessing capabilities, potential, and assets, and pathogenesis stands for deficits, problems, and needs. The Obesity prevalence in university students has been dramatically increased (Peltzer et al., 2014). Along with creating and promoting a healthy environment, as Sparling (2007) argued, specific inter-

ventions to address the rising Obesity levels are needed. This implies that addressing Obesity—an increasingly prevalent disease—demands a mixed strategy that would merge both the approaches, i.e., salutogenesis and pathogenesis. However, this two-fold strategy undoubtedly would demand a significant university resource engagement. Therefore, the large and complex organizations like universities—who already struggle with resource availability—would find the implementation of the dual strategy—and so the Healthy and Sustainable Setting-based Approach—immensely challenging.

INTERFERENCE WITH BROADER ISSUES

One more critical challenge is to monitor the broader—more external—issues that are the vital role-players in promoting health in the university setting, which are—but not limited to—fluctuations in the nation's economy, living cost, student loan-related issues, availability of the employment, climatic conditions, pay-scales, and political decisions. According to Dooris (2006)'s model, it is exemplary to establish an interlinkage between these broader issues. However, the university's Health Promotion Project Managers—or even his entire team—may not be able to interfere in these extensively broader issues. Therefore, monitoring these external factors is one of the most significant challenges to implement a Healthy and Sustainable Approach to the Universities.

CONCLUSION

In conclusion, since the Ottawa Charter for Health Promotion released, significant policy-related development has been shown by the Healthy Setting Approach. Furthermore, striking policy underpinnings for this approach have been developed and strengthened by the range of succeeding conferences coordinated by the World Health Organization. This article—by reviewing several models of both types, i.e., conceptual and practice-focused—found that the theoretical advancement of the Healthy and Sustainable Setting-based Approach has not been as developed as the policy-related progress. With time, a range of relevant conceptual frameworks has been developed. These frameworks are—but not limited to—as follows: salutogenic approach, alignment with the core business, ecological approach, system's perspective, and holistic change. Nevertheless, the practice-focused models, in order to implement these concep-

tual frameworks, have been scarce. Moreover, the theoretical models for evaluating the effectiveness of the Healthy Setting Approach are significantly scarce. While promoting health in the university setting by implementing this approach, the following—as this article has identified—are the opportunities: mutual benefit between the university and the Public Health agenda, campus greening, Student Union, and the UK's Healthy Universities Network. On the other hand, several challenges that can be encountered while applying the Healthy Setting Approach to the university setting have been identified in this article; among which the two most significant are as follows. One, the scarcity of the models developed for conducting an evaluation process of this approach. Two, senior authorities' or senior decision makers' lack of understanding towards this holistic approach. Furthermore, theoretical development—especially regarding the evaluation strategies and techniques—is significantly required and could be a good topic for future Healthy and Sustainable Setting-based Approach-related research.

REFERENCES

1. Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health promotion international*, 11(1), 11-18.
2. Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote social equity in health. Stockholm: Institute for future studies, 1-69.
3. Day, M., & Dickinson, J. (2018). David versus goliath: The past, present and future of students' unions in the UK. Retrieved from <https://www.hepi.ac.uk/wp-content/uploads/2018/09/HEPI-Students-Unions-Report-111-FINAL-EMBARGOED1-1.pdf>
4. Doherty, S., & Dooris, M. (2006). The healthy setting approach: The growing interest within colleges and universities. Retrieved from <http://sheu.org.uk/sheux/EH/eh243sd.pdf>
5. Dooris, M. (2004) Joining up settings for health: a valuable investment for strategic partnerships? *Critical Public Health* 14: 37-49.
6. Dooris, M. (2006). Healthy settings: challenges to generating evidence of effectiveness. *Health Promotion International*, 21(1), 55-65.
7. Dooris, M. (2009) Holistic and sustainable health improvement: the contribution of the set-

- tings-based approach to health promotion. *Perspectives in Public Health* 129(1): 29-36.
8. Dooris, M. (2017). UK healthy universities network introduction and overview. Retrieved from <https://healthyuniversities.ac.uk/wp-content/uploads/2017/11/Mark-Dooris-Network-Update.pdf>
9. Dooris, M., & Doherty, S. (2010). Healthy universities—time for action: a qualitative research study exploring the potential for a national programme. *Health promotion international*, 25(1), 94-106.
10. Dooris, M., Doherty, S., & Orme, J. (2016). The application of salutogenesis in universities. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK435864/>
11. Dooris, M., Powell, S., & Farrier, A. (2020). Conceptualizing the 'whole university' approach: an international qualitative study. *Health promotion international*, 35(4), 730–740. <https://doi.org/10.1093/heapro/daz072>
12. Drug Strategy. (2017). Drug strategy 2017. Retrieved from <https://www.gov.uk/government/publications/drug-strategy-2017>
13. Edmonton Charter. (2006). The Edmonton charter for health promoting universities and institutions of higher education. Retrieved from http://www.gesundheitsfoerdernde-hochschulen.de/Inhalte/E_Gefoe_HS_internat/2005_Edmonton_Charter_HPU.pdf
14. Eriksson, M., & Lindström, B. (2008). A salutogenic interpretation of the Ottawa Charter. *Health promotion international*, 23(2), 190-199.
15. Filho, W., Shiel, C., do Paço, A., & Brandli, L. (2015). Putting sustainable development in practice: campus greening as a tool for institutional sustainability efforts. In *Sustainability in higher education* (pp. 1-19). Chandos Publishing.
16. Grossman, R. & Scala, K. (1993) *Health Promotion and Organisational Development: Developing Settings for Health*. Copenhagen: WHO Regional Office for Europe.
17. Health Promotion Strategic Framework. (2011). *Health promotion strategic framework*. Retrieved from https://www.healthpromotion.ie/hp-files/docs/HPSF_HSE.pdf
18. Kickbusch I. (2003). The contribution of the World Health Organization to a new public health and health promotion. *American journal of public health*, 93(3), 383–388. doi:10.2105/ajph.93.3.383
19. Lang, T., & Rayner, G. (2012). Ecological public health: the 21st century's big idea? An essay by Tim Lang and Geof Rayner. *Bmj*, 345, e5466.
20. McQueen, D. V. (2007). Shaping the future of health promotion: priorities for action. *Global Health Promotion*, 14(4), 193.
21. Newton, J., Dooris, M., & Wills, J. (2016). Healthy universities: an example of a whole-system health-promoting setting. *Global health promotion*, 23(1 suppl), 57-65.
22. Okanagan Charter. (2015). Okanagan charter: An international charter for health promoting universities & colleges. Retrieved from http://www.gesundheitsfoerdernde-hochschulen.de/Inhalte/O1_Startseite/Okanagan-Charter_2015-EN.pdf
23. Palmer, S., & Raftery, J. (1999). Opportunity cost. *Bmj*, 318(7197), 1551-1552.
24. Peltzer, K., Pengpid, S., Samuels, T. A., Özcan, N. K., Mantilla, C., Rahamefy, O. H., ... Gasparishvili, A. (2014). Prevalence of overweight/obesity and its associated factors among university students from 22 countries. *International journal of environmental research and public health*, 11(7), 7425–7441. doi:10.3390/ijerph110707425
25. Salvia, A. L., & Brandli, L. L. (2019). Energy sustainability at universities and its contribution to SDG 7: a systematic literature review. In *Universities as Living Labs for Sustainable Development* (pp. 29-45). Springer, Cham.
26. Shang, H., Wenji, L. I. N., & Huang, H. (2007). Empirical study of parking problem on university campus. *Journal of Transportation Systems Engineering and Information Technology*, 7(2), 135-140.
27. Smith, M. L., & Ory, M. G. (2014). Measuring success: evaluation article types for the public health education and promotion section of *frontiers in public health*. *Frontiers in public health*, 2, 111. doi:10.3389/fpubh.2014.00111

28. Sparling P. B. (2007). Obesity on campus. Preventing chronic disease, 4(3), A72.
29. Tamrat, W. (2018). Substance abuse – The unspoken challenge to HE goals. Retrieved from <https://www.universityworldnews.com/post.php?story=20180723075307378>
30. The Kings Fund. (2019). Broader determinants of health. Retrieved from <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health>
31. Tremblay, M. C., & Richard, L. (2011). Complexity: a potential paradigm for a health promotion discipline. Health Promotion International, 29(2), 378-388.
32. United Nations. (2015). About the sustainable development goals - United Nations sustainable development. Retrieved from <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>
33. University of Central Lancashire. (2013). Travel plan 2013-2018: Supporting sustainable and active travel. Retrieved from https://www.uclan.ac.uk/sustainable_development/assets/Travel_Plan_2013-2018.pdf
34. University of Central Lancashire. (2018). Healthy university plan 2018-2020. Retrieved from https://www.uclan.ac.uk/corporate_information/assets/healthy-university-action-plan-2018-20.pdf
35. Vanagas, G., Bala, M., & Lhachimi, S. K. (2017). Evidence-Based Public Health 2017. BioMed research international, 2017, 2607397. doi:10.1155/2017/2607397
36. World Health Organisation. (1948). Constitution. Retrieved from <https://www.who.int/about/who-we-are/constitution>
37. World Health Organisation. (1977). WHO | Executive summary. Retrieved from https://www.who.int/whr/1998/media_centre/executive_summary6/en/
38. World Health Organisation. (1986). The Ottawa charter for health promotion. Retrieved from <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
39. World Health Organisation. (1987). World health organisation healthy city project: A project becomes movement. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0016/101446/WA_380.pdf
40. World Health Organisation. (1991). Supportive environment for health: Sundsvall statement. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/59561/WHO_HPR_HEP_95.3.pdf
41. World Health Organisation. (2005). The Bangkok charter for health promotion in a globalised world. Retrieved from https://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf?ua=1
42. World Health Organisation. (2009). WHO | Overview: 7th global conference on health promotion. Retrieved from <https://www.who.int/healthpromotion/conferences/7gchp/overview/en/>
43. World Health Organisation. (2016). Shanghai declaration on promoting health in the 2030: Agenda for sustainable development. Retrieved from <https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1>
44. World Health Organization. (1997). The Jakarta declaration: on leading health promotion into the 21st century (No. WHO/HPR/HEP/41CHP/BR/97.4). Geneva: World Health Organization.